

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/530102

FILING DATE

4-1-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		12		1		
6		3		1		
7		3		1		
8		2		1		
9		1		1		
10		8		1		
11		3		1		
12		7		1		
13		1		1		
14		1		1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						